

Investigation of Air-dispersed Pulmonary Agents

Texas Department of Health, Infectious Disease Epidemiology and Surveillance Division
Austin, Texas (512) 458-7676 Fax (512) 458-7616

P A T I E N T I N F O	Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Last) (First) (MI) </div>																																																																																																																																																																																																																																																																																																																																																																																																																																		
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C O U R S E	Date onset: ____ / ____ / ____ Time: _____ AM PM Hosp? YES NO Date admit: ____ / ____ / ____ Admit diag: _____.																																																																																																																																																																																																																																																																																																																																																																																																																																		
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S I G N S & S Y M P T O M S	Vitals on admission: Temperature: _____ ° F BP: _____ / _____ Pulse: _____ Resp: _____. Most extreme vitals: Temperature: _____ ° F BP: _____ / _____ Pulse: _____ Resp: _____.																																																																																																																																																																																																																																																																																																																																																																																																																																		
	Check symptoms the patient has. The chart shows symptoms indicative of each illness.																																																																																																																																																																																																																																																																																																																																																																																																																																		
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;"></th> <th>Influenza</th> <th>Inhalation Anthrax</th> <th>Pneum. Plague</th> <th>Q Fever</th> <th>Typhoidal Tularemia</th> <th>Ricin intoxic.</th> <th>Smallpox</th> <th>Hemorrh. Fevers</th> <th>Inhalation Botulism</th> </tr> </thead> <tbody> <tr><td>___ Fever</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td></tr> <tr><td>___ Chills</td><td>Y</td><td></td><td>Y</td><td>Y</td><td></td><td></td><td>Y</td><td>Y</td><td></td></tr> <tr><td>___ Headache</td><td>Y</td><td></td><td>Y</td><td>Y</td><td>Y</td><td></td><td>Y</td><td>Y</td><td></td></tr> <tr><td>___ Anorexia</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Y</td><td></td></tr> <tr><td>___ Lymphadenopathy</td><td></td><td></td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>___ Nausea/vomiting ___ Hematemesis</td><td></td><td></td><td>Y</td><td></td><td></td><td>Y</td><td></td><td>Y</td><td></td></tr> <tr><td>___ Diarrhea</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>___ Abdominal pain</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>___ Malaise/fatigue</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td>Y</td><td>Y</td><td></td></tr> <tr><td>___ Myalgias</td><td>Y</td><td></td><td>Y</td><td></td><td></td><td></td><td></td><td>Y</td><td></td></tr> <tr><td>___ Arthralgia (joint pain)</td><td>Y</td><td></td><td></td><td></td><td></td><td>Y</td><td></td><td></td><td></td></tr> <tr><td>___ Back pain</td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td>Y</td><td>Y</td><td></td></tr> <tr><td>___ Chest tightness</td><td></td><td></td><td></td><td></td><td></td><td>Y</td><td></td><td></td><td></td></tr> <tr><td>___ Chest pain</td><td></td><td>Y</td><td></td><td>Y</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>___ Substernal discomfort</td><td></td><td></td><td></td><td></td><td>Y</td><td></td><td></td><td></td><td></td></tr> <tr><td>___ Shortness of breath</td><td></td><td>Y</td><td></td><td></td><td></td><td>Y</td><td></td><td></td><td></td></tr> <tr><td>___ Cyanosis</td><td></td><td></td><td></td><td></td><td></td><td>Y</td><td></td><td></td><td></td></tr> <tr><td>___ Cough: ___ Dry ___ Productive</td><td>Y</td><td>Y</td><td></td><td>Y</td><td></td><td>Y</td><td></td><td></td><td></td></tr> <tr><td>___ Hemoptysis</td><td></td><td></td><td>Y</td><td></td><td></td><td></td><td></td><td>Y</td><td></td></tr> <tr><td>___ Rash: ___ Pet. ___ Mac. ___ Mac/Pap</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>___ Pap. ___ Vesic.</td><td></td><td></td><td></td><td></td><td></td><td></td><td>Y</td><td></td><td></td></tr> <tr><td>___ Head ___ Trunk ___ Extrem.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>___ Purpura</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Y</td><td></td></tr> <tr><td>___ Hematochezia/melena</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Y</td><td></td></tr> <tr><td>___ Hematuria</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Y</td><td></td></tr> <tr><td>___ Blurred vision</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Y</td></tr> <tr><td>___ Ptosis</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Y</td></tr> <tr><td>___ Diplopia</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Y</td></tr> <tr><td>___ Dysphonia</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Y</td></tr> <tr><td>___ Dysphagia</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Y</td></tr> <tr><td>___ Weakness</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Y</td></tr> <tr><td>___ Paralysis: ___ Descending ___ Ascending</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Y</td><td>Y</td></tr> <tr><td>___ Ataxia</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Y</td><td>Y</td></tr> <tr><td>___ Coma</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Y</td><td>Y</td></tr> <tr><td>___ Gram + rods ___ Sput. ___ Buffy</td><td></td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>___ Gram -- ovoid bipolar ___ Sput. ___ Buffy</td><td></td><td></td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>___ Gram -- coccobacillus ___ Sput. ___ Buffy</td><td></td><td></td><td></td><td></td><td>Y</td><td></td><td></td><td></td><td></td></tr> <tr><td>___ Mediastinal widening on CXR</td><td></td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>___ Elevated LFTs</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Y</td><td></td></tr> <tr><td>___ Thrombocytopenia</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Y</td><td></td></tr> </tbody> </table>											Influenza	Inhalation Anthrax	Pneum. Plague	Q Fever	Typhoidal Tularemia	Ricin intoxic.	Smallpox	Hemorrh. Fevers	Inhalation Botulism	___ Fever	Y	Y	Y	Y	Y	Y	Y	Y		___ Chills	Y		Y	Y			Y	Y		___ Headache	Y		Y	Y	Y		Y	Y		___ Anorexia								Y		___ Lymphadenopathy			Y							___ Nausea/vomiting ___ Hematemesis			Y			Y		Y		___ Diarrhea										___ Abdominal pain										___ Malaise/fatigue	Y	Y	Y	Y	Y		Y	Y		___ Myalgias	Y		Y					Y		___ Arthralgia (joint pain)	Y					Y				___ Back pain	Y						Y	Y		___ Chest tightness						Y				___ Chest pain		Y		Y						___ Substernal discomfort					Y					___ Shortness of breath		Y				Y				___ Cyanosis						Y				___ Cough: ___ Dry ___ Productive	Y	Y		Y		Y				___ Hemoptysis			Y					Y		___ Rash: ___ Pet. ___ Mac. ___ Mac/Pap										___ Pap. ___ Vesic.							Y			___ Head ___ Trunk ___ Extrem.										___ Purpura								Y		___ Hematochezia/melena								Y		___ Hematuria								Y		___ Blurred vision									Y	___ Ptosis									Y	___ Diplopia									Y	___ Dysphonia									Y	___ Dysphagia									Y	___ Weakness									Y	___ Paralysis: ___ Descending ___ Ascending								Y	Y	___ Ataxia								Y	Y	___ Coma								Y	Y	___ Gram + rods ___ Sput. ___ Buffy		Y								___ Gram -- ovoid bipolar ___ Sput. ___ Buffy			Y							___ Gram -- coccobacillus ___ Sput. ___ Buffy					Y					___ Mediastinal widening on CXR		Y								___ Elevated LFTs								Y		___ Thrombocytopenia								Y
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L A B S	Date	Test	Results						Date	Test	Results											
		WBC								Bilirubin												
		Diff	%bands			%PMNs				SGOT												
		Platelets								SGPT												
Chest X-Ray: YES NO If yes, describe: _____																						
E P I D E M I O L O G Y	In this section, begin by filling in the dates on the top row of the calendar. Start with two weeks ago and number up to today. Use the calendar to indicate (X) places the patient has been in the past two weeks (other than at home).																					
	Second residence (address): _____																					
	Place of work 1: _____ Shift: _____ %time outdoors: _____.																					
	Place of work 2: _____ Shift: _____ %time outdoors: _____.																					
	Record days of traveling including destinations and method of travel. As much as possible, record instances in the past two weeks where the patient was around a lot of people that he/she doesn't know. This includes stores, bus stations, parks, sports stadiums, theaters, concerts, churches and other such public situations. Please include an approximate address or place name:																					
	Travel 1: _____ Travel 2: _____ Event 1: _____ Event 2: _____ Event 3: _____ Event 4: _____ Event 5: _____ Event 6: _____																					
C A L E N D A R	date for the past two weeks →																					
	Day of the Week	S	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa
	Residence 2																					
	Work 1																					
	Work 2																					
	Travel 1																					
	Travel 2																					
	Event 1																					
	Event 2																					
	Event 3																					
	Event 4																					
	Event 5																					
	Event 6																					
C O N T A C T S	Any acquaintances of patient with similar symptoms? YES NO If yes, describe: _____																					
	List animals the patient has had contact with in the past two weeks. Circle any that were ill. Put a line through any that died: _____																					

Investigated by:

Phone:

Agency:

Date:

IDEAS FORM 666.5, 2/99